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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT		ATTORNEY DOCKET NO./TITLE

0232/0202

BENSON

PE APPLIED BIOSYSTEMS PAUL D GROSSMAN 850 LINCOLN CENTRE DRIVE FOSTER CITY CA 94404-1128

10/01/97

08/942,067

NOT ASSIGNED

4356

3615-

DATE MAILED:

02/02/98

## NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

An Application Number and Filing Date have been assigned to this application. However, the items indicated below are missing. The required items and fees identified below must be timely submitted ALONG WITH THE PAYMENT OF A SURCHARGE for items 1 and 3-6 only of \$
<ul> <li>□ 1. The statutory basic filing fee is:</li> <li>□ missing.</li> </ul>
☐ insufficient.
Applicant must submit \$ to complete the basic filing fee and/or file a verified small entity statement claiming such status (37 CFR 1.27).
<ul> <li>2. Additional claim fees of \$, including any multiple dependent claim fees, are required.</li> <li>Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.</li> </ul>
☐ 3. The oath or declaration:
<ul> <li>is missing.</li> <li>does not cover the newly submitted items.</li> <li>does not identify the application to which it applies.</li> <li>does not include the city and state or foreign country of applicant's residence.</li> <li>An oath or declaration in compliance with 37 CFR 1. 63, including residence information and identifying the application by the above Application Number and Filing Date is required.</li> </ul>
4. The signature(s) to the oath or declaration is/are:
☐ missing.
<ul> <li>by a person other than inventor or person qualified under 37 CFR 1.42, 1.43, or 1.47.</li> <li>A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.</li> </ul>
5. The signature of the following joint inventor(s) is missing from the oath or declaration:
An oath or declaration listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.
☐ 6. A \$ processing fee is required since your check was returned without payment (37 CFR 1.21(m)).
☐ 7. Your filing receipt was mailed in error because your check was returned without payment.
<ul> <li>8. The application does not comply with the Sequence Rules.</li> <li>See attached "Notice to Comply with Sequence Rules 37 CFR 1.821-1.825."</li> </ul>
□ 9. OTHER:
Direct the response and any questions about this notice to "Attention: Box Missing Parts."
A copy of this notice MUST be returned with the response.
M. Your
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